

## KCDRB Form #4

DATE: \_\_\_\_\_

MEMORANDUM TO: King County LEOFF-I Disability Retirement Board  
Exchange Bldg., MS: EXC-ES-0300  
821 Second Avenue  
Seattle, Washington 98104-1598

FROM: LEOFF-I Member, disability retirement applicant

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

SUBJECT: WAIVER OF DISABILITY LEAVE.

I, \_\_\_\_\_, Social Security No \_\_\_\_\_, do  
hereby waive the six-month disability leave entitlement from \_\_\_\_\_  
to \_\_\_\_\_, under the Washington Law Enforcement Officers' and Fire  
Fighters' Retirement Act, in order to expedite commencement of disability retirement to  
be effective on: \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of LEOFF-I Member applicant